

Megaconference: A Radical Approach to Radiology Resident Education With Full-Day Weekly Conferences

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Purpose: The aim of this study was to assess the value and educational experience of instituting a weekly full-day educational conference format for radiology residents.

Methods: Two independent diagnostic radiology residency programs in a single urban health care network instituted a new teaching model in which residents from both programs participated in a weekly joint conference day. This format replaced independently held, but frequently teleconferenced, 1-hour daily conferences at both programs. Residents' and faculty members' perceptions of the educational experience were assessed using anonymous online surveys. Written board examination scores and number of resident dictations were compared before and after the change.

Results: After 6 months, 30% and 53.3% of residents reported positive and neutral overall impressions, respectively. A survey return rate of 63.3% was achieved from 49 residents. Of 34 faculty members who responded, 50% reported increased preparation for conferences. The overall number of resident dictations modestly increased in the year after implementation of the format change, by 3.1%. There was no statistically significant change in the mean written board examination after the change in format compared with 3 years before the change.

Conclusions: Conference interruptions, cancellations, and tardiness were essentially eliminated with the new model. Individual conference quality was reported to have improved as the result of the more formal format and larger audience size. Residents maintained productivity and exposure to case volume despite the loss of a single clinical day. Although residents' perceptions of the new model were predominantly positive or neutral, downsides included fewer cases per resident in case conferences and a less intimate conference setting.

Key Words: Resident, education, conference

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INTRODUCTION

The traditional model for radiology residency education includes two components: conference-based teaching and clinical rotations. The majority of US radiology residency programs follow a daily conference model of 1 to 3 conferences per day, comprising didactic and case-based sessions.

Our unified radiology department at Beth Israel Medical Center (BIMC) and St Luke's-Roosevelt Hospital

Center (SLR) in New York City has one chairman and combined clinical divisions. The department maintains two separate ACGME-accredited residency programs. Until recently, we subscribed to the traditional conference schedule averaging two conferences per day. SLR is a two-site residency, and nearly all conferences were transmitted between St Luke's Hospital and Roosevelt Hospital using a custom videoconference system (Polycom Inc, San Jose, California). A smaller percentage of conferences was transmitted between SLR and BIMC by Internet-based software (GoToMeeting; Citrix Systems Inc, Goleta, California). Teleconferencing is used at other radiology residencies and is especially useful when residents in one program rotate at several hospitals or when affiliated residency programs combine

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their lecture curricula. Teleconferencing across different sites maximizes exposure to expert faculty members and guest speakers but occasionally hinders interactive discussion, an experience echoed by other resident training programs [1,2].

In September 2010, the BIMC and SLR residency programs instituted the new format, which was casually termed the megakonference. The concept is to hold a once-weekly full-day conference with all participants physically present in one conference room. Large lecture halls are reserved for a full day at alternating sites, including BIMC and Roosevelt Hospitals to accommodate the residents from both programs.

In this report, we outline our experience with the conversion to a weekly full-day conference format from the initial stages to the 1-year follow-up assessment. We describe our teaching model, challenges we identified along the way, and changes we made to improve during the first year of implementation. Results from resident and faculty surveys are reviewed. We also compare data regarding written board examination scores and resident dictation volume before and after the implementation of the new conference format. This report is intended to present an alternative educational method that may serve as a model for other programs.

METHODS

Setting

BIMC and SLR are members of Continuum Health Partners, a health care partnership formed in 1997 in New York City. All radiologists at these institutions are members of a unified department of radiology. Faculty members are generally assigned to one institution, and there is limited travel by faculty members between the sites.

St Luke's-Roosevelt Hospital, a teaching affiliate of Columbia University, with two hospital sites—St Luke's Hospital, located in Morningside Heights, and Roosevelt Hospital, in Midtown West—supports one radiology residency program with a total of 25 trainees. BIMC, a teaching affiliate of Albert Einstein College of Medicine, located in the East Village area of Manhattan, maintains a separate residency program with 6 trainees per class, for a total of 24 trainees. Sixty-two faculty radiologists participate in the conference pool.

Previously, teleconferencing systems equipped with microphones and a visual display of the projector provided a live broadcast of several daily conferences between sites. All conferences between St Luke's Hospital and Roosevelt Hospital were teleconferenced via closed-circuit television, with residents at both sites able to take cases. Up to 10% of conferences were transmitted between BIMC and SLR using Internet teleconferencing software. On average, two 1-hour conferences were scheduled each weekday at one of three possible times: 8 AM, noon, and 4 PM.

Weekly Conference Series Model

The new conference format could have comprised one full-day or two half-day conferences per week, at a single or alternating locations. A single full-day conference at alternating locations was chosen to minimize commuting time and interruption to the workday. The single conference day includes seven 1-hour sessions, which was decreased from 8 sessions because of resident fatigue. The schedule includes a 1-hour lunch break as well as 5-minute to 10-minute breaks between conferences. Additionally, the hosting site provides breakfast and an afternoon snack. The selected auditoriums at both sites are equipped with audiovisual support and comfortable seating.

At times, residents are separated by year for level-appropriate conferences during the conference day. First-year residents, for example, attend side conferences in introductory radiology topics to prepare for independent call. Simultaneous senior board review also may take place while first-year and second-year residents attend didactic conferences in radiology physics.

The section chief for each subspecialty assigns topics and case conference slots among the participating faculty members. The faculty speaker schedule is planned for the entire academic year, with the schedule and topics posted online. Visiting professor grand rounds and visiting speaker case conferences are incorporated into the full-day schedule.

On the day of the weekly conference, faculty radiologists are expected to cover the clinical services without the assistance of residents. Residents on evening or overnight call shifts and those on interventional radiology rotations are excused from the conference to meet clinical needs. For residents unable to attend or wishing to review prior conferences, presentations are recorded with speaker permission and are stored securely online for resident review (ScreenCast.com; TechSmith Corporation, Okemos, Michigan). Resident-led conferences such as the journal club, radiology-pathology correlation conferences, and resident didactic presentations are scheduled apart from the conference day and are held at the individual residency program sites.

Attendance records are maintained with paper sign-in sheets for the morning and afternoon sessions. Weekly online surveys (SurveyMonkey, Palo Alto, California) are sent out via e-mail to the residents at the conclusion of every conference day to evaluate each of the speaker presentations using a 4-level grading scale (excellent, good, average, and poor). Evaluation items for each faculty presentation include how well the topic is covered, ability to communicate, opportunity for questions, use of audiovisuals, and objectivity and scientific rigor. A comment section provides an opportunity for residents to convey ongoing feedback regarding the conference format and conference logistics.

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